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scope

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
ATTN: DOCKETING DEPARTMENT
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211**

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS E (HHG)DATE 5-15, 2006

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Jimmy Moore aka Jimmy Moore Moving - Sole Proprietorship

2. (a) Street Address of Applicant 59 Orr Street, Greenville, SC 29605

(b) Mailing address, if different from street address same

(c) Telephone Number 864-233-1941 SS No. 864-230-9200

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business.
(b) If a corporation, names and addresses of two principal officers will be sufficient.

N/A

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".
(b) Class F – Contracts are included herewith.

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DOCKETING DEPT.

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6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. _____

Household goods

Requesting all counties in the state of SC

7. The proposed list of equipment is as per Exhibit "D" included herewith.

Isuzu - 1991 - JALH6A1N0M3106971

Freightliner - 1995 - 1FU3GFAC85L599546

8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only _____ (b) Interstate Only ☒

9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**

N/A

10. Is applicant certified to provide **intrastate** transportation of household goods in another state? Yes _____ No ☒ (Check one).

If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.

11. Has applicant been convicted of operating with no **intrastate** household goods authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of household goods in this state or any other state?
Yes _____ No ☒ (Check one)

If yes, list dates and nature of convictions below.

N/A

12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?
Yes _____ No ☒ (Check one).

If yes, list dates and reason for revocation below.

N/A

13. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

ASSETS:

| | |
|--|------------------|
| Cash | <u>5,684.07</u> |
| Real Estates and Buildings | <u>0</u> |
| Accounts and Notes Receivable | <u>0</u> |
| Power Equipment (Net of Depreciation) | <u>25,000.00</u> |
| Garage & Office Equipment (Net of Depreciation) | <u>100.00</u> |
| Other Assets | <u>0</u> |

TOTAL ASSETS \$ 30,784.07

LIABILITIES:

| | |
|----------------------------|----------|
| Accounts and Notes Payable | <u>0</u> |
| Rents and Leases payable | <u>0</u> |
| Mortgages Payable | <u>0</u> |
| Debt on Power Equipment | <u>0</u> |
| Other Liabilities | <u>0</u> |

TOTAL LIABILITIES \$ 0

NET WORTH \$ 30,784.07

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,]

COUNTY OF Greenville]

I, James W. Moore, Sole Proprietorship
(Name of Applicant's Representative) (Title)

of Jimmy Moore Moving, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Greenville, SC

This the 15th day of May 2006

[Signature]
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

My Commission Expires: 3/31/08

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649
Columbia, South Carolina 29211

Jimmy Moore Moving
(Name)

59 Orr Street, Greenville, SC 29605
(Address)

Over Irregular Routes:

Commodities to be Transported:

Household Goods, As Defined in R. 103-210(1):

Area to be Served: (List counties in detail) (Requesting additional counties in SC)
All counties within the state of South Carolina

Jimmy Moore Moving
(Applicant)

Date: 5-15-06

Jane W Moore
By
Sole Proprietorship
Title

INSURANCE QUOTE

The following insurance quote is for:

James W. Moore, DBA Jimmy Moore Moving
(Name of Motor Carrier)

59 Orr Street, Greenville, SC 29605
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$1,000,000.00 - Premium \$5,421.00

Cargo Insurance \$ 50,000.00 - each vehicle - Premium \$1,020.00

The above quoted premiums are for a term of 12 months.

OCG Commercial Coverage (copies attached)
(Insurance Company Name)

9450 Seward Road, Fairfield, Ohio 45014
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5-15-2006 (Insurance in effect since 1999)
Date (Authorized Insurance Company Representative)

*** Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211.



9450 Seward Road, Fairfield, Ohio 45014
www.ocas.com

Commercial Coverage Insurance Bill

ACCOUNT NUMBER
A3775302339
BILLING DATE
02/02/2006

| |
|--------------------------------------|
| ACCOUNT BALANCE \$1,615.25 |
| DUE DATE 02/25/2006 |
| MINIMUM DUE \$541.75 |

PAYOR

JIMMY MOORE MOVING
59 ORR STREET
GREENVILLE SC 29605-4169

AGENT

BROWN & BROWN OF SOUTH CAROLINA
INC
PO BOX 16837
GREENVILLE SC 29606-7837

AGENT'S PHONE NO.

(864) 234-8889



Dear Customer,

WE APPRECIATE THE OPPORTUNITY TO SERVICE YOUR ACCOUNT.

LET US KNOW IF WE CAN HELP YOU.

If you need assistance, contact your agent at the above number; or see the "Need Assistance?" section of your billing statement that follows.

Account Summary

| Date | Activity | |
|------------|-----------------------|------------|
| 12/29/2005 | Prior Account Balance | \$2,152.00 |
| 01/23/2006 | Payment Received | \$541.75 |
| 02/02/2006 | New Activity Amount | \$5.00 |
| 02/02/2006 | Account Balance | \$1,615.25 |

Account Detail for JIMMY MOORE MOVING

| POLICY TYPE | POLICY NUMBER | EFFECTIVE DATE/ EXPIRATION DATE | ACCOUNT ACTIVITY | NEW ACTIVITY AMOUNT | ACCOUNT BALANCE | MINIMUM DUE |
|------------------|---------------|---------------------------------|------------------|---------------------|-----------------|-------------|
| COMMERCIAL AUTO | BAO 52578089 | 07/02/2005 - 07/02/2006 | INSTALLMENT DUE | --- | \$1,355.25 | \$451.75 |
| INLAND MARINE | BMO 52578089 | 07/02/2005 - 07/02/2006 | INSTALLMENT DUE | --- | 255.00 | 85.00 |
| Service Charge** | | | | 5.00 | 5.00 | 5.00 |
| Total | | | | \$5.00 | \$1,615.25 | \$541.75 |

**Service Charge is added for the installment payment plan.

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3-01
#3719

Policy Details *(Refer to your policy for additional details.)*

| TYPE | NUMBER | UNDERWRITTEN BY |
|-----------------|--------------|-------------------------------------|
| COMMERCIAL AUTO | BAO 52578089 | THE OHIO CASUALTY INSURANCE COMPANY |
| TYPE | NUMBER | UNDERWRITTEN BY |
| INLAND MARINE | BMO 52578089 | THE OHIO CASUALTY INSURANCE COMPANY |

Payment Options

1 Pay in Full

Pay the balance of \$1,615.25

2 Make Minimum Payment

To keep your policy in force, please pay the minimum payment of \$541.75 by 02/25/2006. Payment includes a service charge of \$5.00.

If you pay more than the minimum, your balance will be recomputed for you in your next billing statement. Any additional changes will be reflected in future notices.

Schedule for Current/Next Payment

| | DUE DATE | MINIMUM DUE |
|---------|------------|-------------|
| CURRENT | 02/25/2006 | \$541.75 |
| NEXT | 03/22/2006 | \$541.75 |

Amounts estimated based upon no changes to your policy.

Protect What's Yours

Your independent agent is an expert in personal and commercial insurance. Be sure to consult with your agent periodically to determine if you've adequately protected what's yours. It's easy to overlook changes in your life that may have important insurance implications.

Need Assistance?

If you have questions, call your agent, BROWN & BROWN OF SOUTH CAROLINA, at (864) 234-8889.



For assistance from Ohio Casualty Group

For Billing Inquiries:

From 8 am to 5 pm, Mon-Fri

1-800-843-6446



For Claims:

24 hours a day, 7 days/week

1-800-366-6446

For General Information:

From 8 am to 5 pm, Mon-Fri

1-800-843-6446



Internet Access:

View your bill online anytime at <http://www.ocas.com>

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Jimmy Moore Moving - James W. Moore
(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

| PLEASE CHECK THE APPROPRIATE BOX | |
|---|---|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NOT APPLICABLE |

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

| PLEASE CHECK THE APPROPRIATE BOX | |
|----------------------------------|--|
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NOT APPLICABLE |

APPLICANT'S OATH

I, James W Moore, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me
at Greenville, SC
this 15 day of May 2006
Atty M. Davis
Notary Public

James W Moore
Signature of Applicant
(Not Legal Representative)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649
COLUMBIA, SC 29211

James W. Moore DBA Jimmy Moore Moving
(APPLICANT)

59 Orr Street, Greenville, SC 29605
(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

See attached Requested Rates.
Exhibit A-1

Exhibit A-1

**Jimmy Moore Moving
59 Orr Street
Greenville, SC 29605
Public Service No. 9697**

May 11, 2006

**South Carolina Public Service Commission
101 Executive Center Drive
PO Drawer 11649
Columbia, SC 29211**

To Whom It May Concern:

We are respectfully submitting this letter as our request , partially due to the high cost of vehicle operations, for an increase in our hourly moving rates as follows:

| | Current Rate Per Hour | Requested Increase Rate Per Hour |
|-------------------------------|---|---|
| Truck and 2 men | \$ 55.00 | \$ 75.00 |
| Truck and 3 men | \$ 65.00 | \$ 90.00 |
| Truck and 4 men | \$ 75.00 | \$ 104.00 |
| SATURDAY and/or SUNDAY | requesting additional \$15.00 per hour | |
| OFFICE EQUIPMENT | requesting additional \$18.00 per hour for additional person | |

Sincerely submitted,



**James W. Moore
JIMMY MOORE MOVING**

EXHIBIT FWA

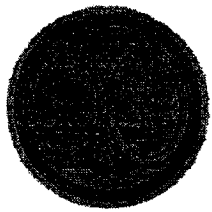
Name: James W. Moore, DBA Jimmy Moore Moving
Address: 59 Orr Street, Greenville, SC 29605
864-233-1941
Telephone No. 864-230-9200 Fax No. N/A
U.S.D.O.T. No. _____ ICC No. 9697

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
Yes _____ No _____ Pending X (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes _____ No X
3. Are there currently any outstanding judgement(s) against Applicant?
Yes _____ No X
(If "yes", indicate nature of judgement(s).)
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
Yes X No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes X No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

James W Moore
(Applicant's Signature)

Sworn to before me
At Greenville, SC
This 15 day of May, 2006
Kathy M. Orr
(Notary Public)
Commission Expires: 3/31/08

Sole Proprietorship
(Title)



**Public Service Commission of South Carolina
Columbia, South Carolina**

CLASS E

Docket No. 1999-074-T
Order No. 1999-505
Certificate No. 9697

**Certificate of Public Convenience and Necessity
For the Operation of
MOTOR VEHICLE CARRIERS**

NAME: Jimmy Moore DBA JIMMY MOORE MOVING

ADDRESS: 111 Murrell Road, Greenville, SC 29605

is hereby authorized to furnish motor freight service over irregular routes, as follows:

HOUSEHOLD GOODS, as defined in R.103-210(1):

Between points and places in Greenville and Spartanburg Counties.

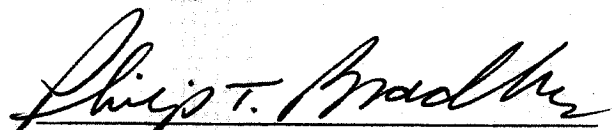
THIS CERTIFICATE is issued upon finding by the Commission, that Public Convenience and Necessity require such operation, under the terms of the Motor Vehicle Carriers' Law (Sections 58-23-10 — 58-23-60 of the South Carolina Code of Laws, 1976, and amendments thereto), and,

CONDITIONED: That all motor vehicles operated by virtue of this Certificate shall be so operated in accordance with the said Motor Vehicle Carriers' Law and the Rules and Regulations issued thereunder, and,

CONDITIONED FURTHER: That neither this Certificate nor the rights granted herein shall be sold, assigned, leased, transferred, mortgaged, pledged, or otherwise hypothecated, unless first approved by the Commission.

DATED at Columbia, South Carolina, this 10th day of November A.D., 1999.


Executive Director


Chairman

***Jimmy Moore Moving
59 Orr Street
Greenville, SC 29605***

April 16, 2006

Public Service Commission of South Carolina
101 Executive Center Drive
Post Office Drawer 11649
Columbia, South Carolina 29211

To Whom It May Concern: RE: Public Service #9697
 Request for Additional Counties
 Service in South Carolina

We are requesting that you consider Jimmy Moore Moving for all counties located within the state of South Carolina. Currently, we service Greenville and Spartanburg counties and would request that you consider us for the entire state.

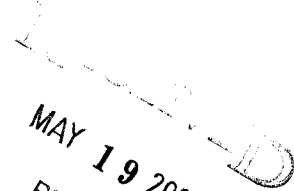
I have completed all forms that would relate to the above request for counties within the state of South Carolina, for the handling of Household Goods. If there is any other information you need from me, please advise and I will be happy to supply.

These forms seem to be for someone requesting Public Service in the very beginning, however, I have completed them to the best of my ability, showing proof of insurance and all of the other pertinent information.

Sincerely submitted,


James W. Moore, DBA
JIMMY MOORE MOVING

Enclosures: 13 Pages


MAY 19 2006
PSC SC
DOCKETING DEPT.